PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FLZ
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

CURRENT CORRESPOND	Fe	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must					
52349	7590 07/16/	2008	ha	ve its own certificate	of mail	ling or transmission.	
WENDEROTH 2033 K. STREE SUITE 800	I I St ad tra	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
WASHINGTON	N, DC 20006						(Depositor's name)
		•					(Signature)
			<u> </u>				(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	R	ATTO	RNEY DOCKET NO.	CONFIRMATION NO.
10/576,210 04/17/2006		Kiminori Mizuud		200		2006_0572A	8732
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUI	E PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0		\$1740	10/16/2008
EXAM		ART UNIT	CLASS-SUBCLASS	7		ψ1740	10/10/2000
NGUYEN, DUNG T		2828	372-021000				
"Fee Address" ind PTO/SB/47; Rev 03-(Number is required. 3. ASSIGNEE NAME A	ND RESIDENCE DATA	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. THE PATENT (print or type)					
recordation as set fort (A) NAME OF ASSIGNATE IATSUSHITA ELEC	ch in 37 CFR 3.11. Comp GNEE CTRIC INDUSTRI	AL, CO., LTD.	T a substitute for filing a (B) RESIDENCE: (CIT OSAKA, JAPA	n assignment. 'Y and STATE OR (COUNT	RY)	up entity Governmen
	are submitted: No small entity discount p	b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).					
a. Applicant claim	tus (from status indicated as SMALL ENTITY statu	s. See 37 CFR 1.27.	b. Applicant is no lo	•			FR 1.27(g)(2). e assignee or other party in
interest as shown by the	records of the United Stat	tes Patent and Trademark	Office.	the applicant, a regi	isiorod a	attorney or agont, or the	- assigned of other party in
Authorized Signature	/Aldo A. D'Ottavi	DateAugust 12, 2008					
Authorized Signature 2008.08.12 10:32:41 -04'00' Typed or printed name Aldo A. D'Ottavio			Registration No. 59,559				
This collection of inform an application. Confiden submitting the complete this form and/or suggest Box 1450, Alexandria, V Alexandria, Virginia 223	nation is required by 37 C tiality is governed by 35 d application form to the ions for reducing this bur /irginia 22313-1450. DO 13-1450	FR 1.311. The informatic U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to the NOT SEND FEES OR	on is required to obtain o 1.14. This collection is a depending upon the ind e Chief Information Offi COMPLETED FORMS	r retain a benefit by t stimated to take 12 ividual case. Any co cer, U.S. Patent and TO THIS ADDRESS	the public minutes omments Tradem S. SEND	ic which is to file (and to complete, including s on the amount of tin lark Office, U.S. Depa D TO: Commissioner f	by the USPTO to process g gathering, preparing, and ne you require to complete entment of Commerce, P.O. For Patents, P.O. Box 1450

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.